SCENARIO 11

Alan Tiller, a 76-year-old male, is recovering from an automobile accident in which he suffered a badly lacerated right leg, multiple compound fractures of his right forearm, and multiple fractures of his jaw. He has returned home after spending two weeks in acute care and two weeks in a SNF. His granddaughter will be staying with him as long as necessary. In the hospital, a venous graft was done to repair the circulation in his right leg, and three external pins were required to stabilize the fractures in his right forearm. There are two pins in his jaw, and the jaws are wired closed. Because of the jaw fractures and the need to ensure adequate nutrition for healing, a gastrostomy tube was placed for feedings, even though he takes some oral liquids through a straw. All meds are ordered and given through the gastrostomy tube. Although he had no chest injuries, he has a history of mild CHF, and his blood oxygen levels have been low, so he was sent home with oxygen. The oxygen was delivered yesterday after Mr. Tiller arrived home.

You visit the day after Mr. Tiller returns home. His granddaughter began learning to administer the gastrostomy feeding while he was still in the nursing home. She shows you how to prepare the solution, to insert the tubing, and to administer the feeding properly. She also is able to correctly explain how to read the oxygen gauges, attach the emergency generator, and fill a portable cylinder.

With your help, Mr. Tiller is able to stand up from the chair and walk about 15 feet using a rolling platform walker with his left hand. He becomes extremely short of breath and must sit down. It takes him several minutes to recover. Mr. Tiller admits to pain which is eased some by pain medications, but never really is gone. The pain often keeps him awake at night and causes him to be reluctant to move around much or even concentrate on TV. **How would you complete the following OASIS items?**

M0250	Therapies
M0420	Frequency of Pain
M0430	Intractable Pain
M0482	Surgical Wound
M0484	Current Number of (Observable) Surgical Wounds
M0488	Status of Most Problematic (Observable) Surgical Wound
M0490	Short of Breath
M0500	Respiratory Treatments
M0710	Feeding or Eating
M0780	Management of Oral Medications
M0810	Patient Management of Equipment
M0820	Caregiver Management of Equipment

SCENARIO 11 *(RESPONSES)*

M0250	Therapies	*Response 3*	*(Enteral nutrition)*
M0420	Frequency of Pain	*Response 3*	*(All of the time)*
M0430	Intractable Pain	*Response 1*	*(Yes)*
M0482	Surgical Wound	*Response 1*	*(Yes)—pin sites are surgical wounds*
M0484	Current Number of (Observable) Surgical Wounds	*Response 4*	*(Four or more)*
M0488	Status of Most Problematic (Observable) Surgical Wound	*Response 3*	*(Not healing)*
M0490	Short of Breath	*Response 2*	*(With moderate exertion)*
M0500	Respiratory Treatments	*Response 1*	*(Oxygen)*
M0710	Feeding or Eating	*Response 3*	*(Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy)*
M0780	Management of Oral Medications	*NA*	*(No oral medications prescribed)*
M0810	Patient Management of Equipment	***INSUFFICIENT INFORMATION TO ANSWER***	
M0820	Caregiver Management of Equipment	*Response 0*	*(Caregiver manages all tasks related to equipment completely independently)*

SCENARIO 12

All below examples test appropriate responses to OASIS items M0175 through M0220. The examples are brief; **how would you answer the indicated OASIS items?**

A. An oncology patient who is receiving chemotherapy at home has a long-standing history of severe memory loss secondary to TIAs. She was discharged from the hospital (where she was diagnosed with and treated for atrial fibrillation) within the past 14 days. She returns home with a new anti-arrhythmic medication.

M0175 Inpatient Facility

M0180 Inpatient Discharge Date

M0190 Inpatient Diagnoses

M0200 Medical or Treatment Regimen Change

M0210 Medical Diagnoses

M0220 Prior Conditions

B. An oncology patient (who is receiving chemotherapy at home) has been discharged from the hospital within the past 14 days. She was diagnosed with and treated for atrial fibrillation in the hospital. She had none of the prior conditions listed in M0220.

M0175 Inpatient Facility

M0180 Inpatient Discharge Date

M0190 Inpatient Diagnoses

M0200 Medical or Treatment Regimen Change

M0210 Medical Diagnoses

M0220 Prior Conditions

(continued)

SCENARIO 12 (cont'd)

C. A patient with AIDS is seen by the physician for dehydration and weight loss. A PICC line is inserted in the physician's office, and the patient is started on TPN. Existence of prior conditions stated in M0220 is unknown.

M0175 Inpatient Facility

M0180 Inpatient Discharge Date

M0190 Inpatient Diagnoses

M0200 Medical or Treatment Regimen Change

M0210 Medical Diagnoses

M0220 Prior Conditions

D. Patient discharged from both hospital and nursing home within the last 14 days (recovering from ORIF of fractured right hip). Physical therapy and aide services ordered to assist patient with exercise program and ADLs. Patient has history of urinary incontinence (prior to hip fracture).

M0175 Inpatient Facility

M0180 Inpatient Discharge Date

M0190 Inpatient Diagnoses

M0200 Medical or Treatment Regimen Change

M0210 Medical Diagnoses

M0220 Prior Conditions

SCENARIO 12 *(RESPONSES)*

A.	**M0175**	Inpatient Facility	*Response 1*	
	M0180	Inpatient Discharge Date	*Date of hospital discharge*	
	M0190	Inpatient Diagnoses	*Atrial fibrillation; ICD 427.31*	
	M0200	Medical or Treatment Regimen Change	*Response 1*	*(Yes); new diagnosis, new treatment*
	M0210	Medical Diagnoses	*Atrial fibrillation; ICD 427.31*	
	M0220	Prior Conditions	*Response 6*	*(Memory loss)*
B.	**M0175**	Inpatient Facility	*Response 1*	*(Hospital)*
	M0180	Inpatient Discharge Date	*Date of hospital discharge*	
	M0190	Inpatient Diagnoses	*Atrial fibrillation; ICD 427.31*	
	M0200	Medical or Treatment Regimen Change	*Response 1*	*(Yes); new diagnosis*
	M0210	Medical Diagnoses	*Atrial fibrillation; ICD 427.31*	
	M0220	Prior Conditions	*Response 7*	*(None of the above)*
C.	**M0175**	Inpatient Facility	*NA*	*(Not discharged from an inpatient facility)*
	M0180	Inpatient Discharge Date	*(Skip)*	
	M0190	Inpatient Diagnoses	*(Skip)*	
	M0200	Medical or Treatment Regimen Change	*Response 1*	*(Yes); new diagnosis, new treatment*
	M0210	Medical Diagnoses	*Dehydration; ICD 276.5* *Malnutrition; ICD 783.2*	
	M0220	Prior Conditions	*UK*	*(Unknown)*

(continued)

SCENARIO 12 *(RESPONSES)* (cont'd)

D.	**M0175**	Inpatient Facility	*Response 1 (Hospital)* ***ADDITIONAL INFORMATION NEEDED ABOUT NURSING HOME TO DETERMINE WHETHER RESPONSE 3 OR 4 APPLIES***
	M0180	Inpatient Discharge Date	*Date of nursing home discharge (i.e., most recent)*
	M0190	Inpatient Diagnoses	*Hip fracture; ICD 820 (**not surgical procedure**)*
	M0200	Medical or Treatment Regimen Change	*Response 1 (Yes); new treatment*
	M0210	Medical Diagnoses	*Hip fracture; ICD 820 (**not surgical procedure**)*
	M0220	Prior Conditions	*Response 1 (Urinary incontinence)*

ATTACHMENT D TO CHAPTER 8

DIAGNOSIS CODING FOR M0230/M0240 AND M0245 (Effective 10/01/2003)

1. GENERAL DIAGNOSIS CODING PRINCIPLES AND CODING ISSUES SPECIFIC TO M0230

The logic for determining the primary (first listed) diagnosis for M0230 remains unchanged under the Medicare fee-for-service home health prospective payment system (PPS). Determine the primary diagnosis based on the condition most related to the current plan of care. The diagnosis may or may not be related to a patient's recent hospital stay but must relate to the services rendered by the HHA. Skilled services (skilled nursing, physical, occupational, and speech therapy) are used in judging the relevancy of a diagnosis to the plan of care and to OASIS item M0230.

If a patient is admitted for surgical aftercare, list the relevant medical diagnosis only if it is still applicable. If it is no longer applicable (e.g., the surgery eliminated the disease or the acute phase has ended), then a V code, such as for surgical aftercare, is generally appropriate as the primary diagnosis. The importance of this principle can be seen in the example of hospitalization for the surgical repair of a hip fracture. Coding guidelines stipulate that the acute fracture code may only be used for the initial, acute episode of care, which is why the acute fracture code is no longer appropriate once the patient has been discharged from the hospital to home health care.

V codes cannot be used in case mix group assignment. Effective October 1, 2003, if a provider reports a V code in M0230 in place of a case mix diagnosis, the provider has the option of reporting the case mix diagnosis in M0245. You must select the code(s) that would have been reported as the primary diagnosis under the original OASIS-B1 (8/2000) instructions that did not allow V codes. The CMS web site contains additional guidelines for diagnosis reporting under PPS at: http://www.cms.hhs.gov/providers/hhapps/hhdiag.pdf.

2. MANIFESTATION CODES

In certain cases, ICD-9-CM requires more than one code to report a condition. This requirement, termed "multiple coding of diagnoses," often involves both a disease and one of its manifestations. The ICD-9-CM manual clearly shows the instances where manifestation coding is required.

- Manifestation coding affected some of the PPS case mix system's diagnosis groups.

- The PPS Final Rule listed certain manifestation codes carrying points under the case mix system. See the PPS Final Rule published July 3, 2000 on the CMS Web site at: http://www.cms.hhs.gov/providers/hhapps/hhppsfr.asp.

- The manifestation codes must appear with all required digits in their proper sequence as the first secondary diagnosis.

- Do not report any code except the underlying cause of the manifestation in the position immediately preceding the manifestation code.

- Effective October 1, 2003, a V code may be determined to be the primary diagnosis in place of a disease and one of its manifestations. In that case, a single V code is listed as the primary diagnosis instead of the first two listed codes. However, the underlying condition may still be listed as a secondary diagnosis, if it meets the requirements for a secondary diagnosis.

3. GENERAL DIAGNOSIS CODING PRINCIPLES AND CODING ISSUES SPECIFIC TO M0240

- Secondary diagnoses are defined as "all conditions that coexisted at the time the plan of care was established, or which developed subsequently, or affect the treatment or care."

- In general, M0240 should include not only conditions actively addressed in the plan of care but also any comorbidity affecting the patient's responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself.

- Agencies should avoid listing diagnoses that are of mere historical interest and without impact on patient progress or outcome.

4. V CODE GENERAL PRINCIPLES

- The use of V codes is governed by the ICD-9-CM Official Guidelines for Coding and Reporting.

- If the patient has an acute condition relevant to the plan of care, continue to report the code for the acute condition. Whether it is listed as a primary or secondary diagnosis depends on the focus of care indicated on the plan of care. V codes are intended to deal with circumstances other than the diseases or injuries classifiable to the main part of ICD-9-CM (codes

001-999). For example, V codes are recorded as reasons for encounters with a health care provider.

- V codes may be used as the primary or secondary diagnoses.
- The major use of V codes in the home health setting occurs when a person with current or resolving disease or injury encounters the health care system for specific aftercare of that disease or injury.
- If there is a complication of medical or surgical care, such as infection or wound dehiscence, select a code specific to either condition rather than a V code. For example, codes for surgical complications are available within Chapter 17 of the ICD-9-CM coding guidelines and elsewhere.

Case Example 1: M0230: V code used to designate specific aftercare.

An 85-year-old independent female fell in her home, sustaining a left hip fracture. An open reduction with internal fixation was performed seven days ago. The patient was discharged home where her sister now cares for her. The patient is non-weight bearing on left lower extremity but can perform supervised pivot transfers with contact guard assist in and out of bed. The physician orders the agency to provide physical therapy for gait training and exercise three times per week for four weeks.

ICD-9-CM coding: V57.1 physical therapy; 781.2 abnormality of gait.

Discussion: The treatment is directed at rehabilitation following the hip fracture and surgery, therefore, V57.1 is selected as the primary diagnosis. Coding guidelines stipulate that the acute fracture code may only be used for the initial, acute episode of care. The acute fracture code is no longer appropriate once the patient has been discharged from the hospital to home health care. Abnormality of gait was selected as the first secondary diagnosis because it accurately describes her current condition and the need for therapy.

(M0230/M0240) Diagnoses and Severity Index: List each diagnosis and ICD-9-CM code at the level of highest specificity (no surgical codes) for which the patient is receiving home care. Rate each condition using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) E codes (for M0240 only) or V codes (for M0230 or M0240) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then M0245 Payment Diagnosis should be completed. Case mix diagnosis is a primary or first secondary diagnosis that determines the Medicare PPS case mix group.

	(M0230) Primary Diagnosis	ICD-9-CM
a.	**Physical Therapy**	(**V 5 7 . 1**)
	(M0240) Other Diagnoses	ICD-9-CM
b.	**Abnormality of gait**	(**7 8 1 . 2**)

Note that the V code used in M0230 replaces a case mix diagnosis that would be used for payment. Therefore, completion of M0245 is indicated for Medicare PPS payment.

Case Example 2: M0230/M0240: Multiple V codes.

An 80-year-old female is discharged from the hospital following surgical treatment for a malignant neoplasm of the colon, ICD-9-CM code 153.9, with exteriorization of the colon. The physician indicates that the patient will be undergoing chemotherapy for bowel cancer. Skilled nursing services are ordered for this patient 3 times a week for 6 weeks to teach colostomy care and to assess the patient's compliance with medications.

ICD-9-CM coding: V55.3, Instruction and care of colostomy; 153.9, Malignant neoplasm of the colon; and V58.42, Aftercare following surgery for neoplasm conditions classifiable to 140-239.

Discussion: The treatment provided by the home health agency is directed at the patient's colostomy care; therefore, V55.3 is more specific to the nature of the proposed services. Since the patient's physician indicated that the patient will undergo chemotherapy for bowel cancer, the malignant neoplasm diagnosis is added as a secondary diagnosis.

(M0230/M0240) Diagnoses and Severity Index:
List each diagnosis and ICD-9-CM code at the level of highest specificity (no surgical codes) for which the patient is receiving home care. Rate each condition using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) E codes (for M0240 only) or V codes (for M0230 or M0240) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V code is reported in place of a case mix diagnosis, then M0245 Payment Diagnosis should be completed. Case mix diagnosis is a primary or first secondary diagnosis that determines the Medicare PPS case mix group.

	(M0230) Primary Diagnosis	ICD-9-CM
a.	**Instruction & care of colostomy**	(**V 5 5 . 3**)
	(M0240) Other Diagnoses	ICD-9-CM
b.	**Malignant neoplasm of colon**	(**1 5 3 . 9**)
c.	**Aftercare following surgery for neoplasm**	(**V 5 8 . 4 2**)

The V code used in M0230 does not replace a case mix diagnosis in this example. Therefore, the agency **should not complete M0245**.

5. E CODE GENERAL PRINCIPLES

- E codes classify external causes of injuries, poisonings, and adverse effects of drugs.
- E codes are used in addition to a code from one of the main chapters of ICD-9-CM and are never to be recorded as a primary diagnosis.
- E codes may not be entered in M0230(a) or M0245.
- If an E code is reported, do not rate its severity.

6. GENERAL DIAGNOSIS CODING PRINCIPLES AND CODING ISSUES SPECIFIC TO M0245.

M0245 Payment Diagnosis code is an optional OASIS item that home health agencies may use if a V code is selected in M0230 according to ICD-9-CM coding guidelines. M0245 is intended to facilitate PPS payment operations after October 2003 when a V code may be required as the primary diagnosis in place of certain diagnosis codes used to determine the PPS case mix group. This item will be inactive to prevent use until October 2003 and is shaded on the OASIS 12/2002 data set. Therefore, HHAs will not be able to enter this item in HAVEN or to transmit the data until the item is activated in October 2003. Once M0245 is operational, HHAs may enter a case mix diagnosis code at their option, only if they have entered a V code in place of a case mix diagnosis code in M0230.

a. **Complete M0245** if a V code has been reported in place of a home health PPS case mix diagnosis in M0230. To complete M0245, you must select the code(s) that would have been reported as the primary diagnosis under the OASIS-B1 (8/200) instructions:

   - No surgical codes - list the underlying diagnosis.
   - No V codes or E codes - list the relevant medical diagnosis.
   - If the patient's primary home care diagnosis is coded as a combination of an etiology and a manifestation code, the etiology code should be entered in M0245(a) and the manifestation code should be entered in M0245(b).

Case Example 3 (refer to Case Example 1): V code used in place of a case mix diagnosis in M0230. Completion of M0245 would be appropriate in this example:

An 85-year-old independent female fell in her home, sustaining a left hip fracture. An open reduction with internal fixation was performed seven days ago. The patient was discharged home where her sister now cares for her. The patient is non-weight bearing on left lower extremity but can perform supervised pivot transfers with contact guard assist in and out of bed. The physician orders the agency to provide physical therapy for gait training and exercise 3 times per week for 4 weeks.

Discussion: M0230 indicates V57.1, Physical Therapy, which was selected in place of 781.2, Abnormality of gait, which is a case mix diagnosis. Therefore, completion of M0245 would be indicated for payment. Abnormality of gait is used for M0245(a). No diagnosis is listed to M0245(b) because this is not a situation where multiple coding for the primary diagnosis is needed.

(M0245) Payment Diagnosis (optional): If a V code was reported in M0230 in place of a case mix diagnosis, list the primary diagnosis and ICD-9-CM code, determined in accordance with OASIS requirements in effect before October 1, 2003--no V codes, E codes, or surgical codes allowed. ICD-9-CM sequencing requirements must be followed. Complete both lines a and b if the case mix diagnosis is a manifestation code or in other situations where multiple coding is indicated for the primary diagnosis; otherwise, complete line a only.

	(M0245) Primary Diagnosis	ICD-9-CM
a.	**Abnormality of Gait**	(**7 8 1 . 2**)
	(M0245) First Secondary Diagnosis	ICD-9-CM
b.		(.)

b. **Do not complete M0245** if a V code has been reported in place of a diagnosis that is not a case mix diagnosis.

Case Example 4 (refer to Case Example 2): M0230: V code not in place of a case mix diagnosis.

An 80-year-old female is discharged from the hospital following surgical treatment for a malignant neoplasm of the colon, ICD-9-CM code 153.9, with exteriorization of the colon. The physician indicates that the patient will be undergoing chemotherapy for bowel cancer. Skilled nursing services are ordered for this patient three times a week for six weeks to teach colostomy care and assess the patient's compliance with medications.

ICD-9-CM coding: V55.3, Instruction and care of colostomy; 153.9, Malignant Neoplasm of the Colon; and V58.42, Aftercare following surgery for neoplasm conditions classifiable to 140-239.

Discussion: In this case example, V55.3 is not utilized in place of a case mix diagnosis. Therefore, the home health agency should not complete M0245.